

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 17 1941  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

26583

Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

6375

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Enroute to City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community \_\_\_\_\_ years, months or days) 3

3. (a) PRINT  
FULL NAME

Frank Meleski

3. (b) If veteran,  
name war \_\_\_\_\_

3. (c) Social Security  
No. 388-03-1959

4. Sex Male 0 5. Color or  
race White 6. (a) Single, widowed, married,  
divorced married  
7. (b) Name of husband or wife Nell Meleski 6. (c) Age of husband or wife if  
alive 38 years  
7. Birth date of deceased Sept. 30, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
38 10 2 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Wis. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Iron Worker

11. Industry or business Fraser - Brace Eng. Co.

12. Name Victor Meleski

13. Birthplace Poland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Nell Meleski

(b) Address 4203 Swan

17. (a) Removal (b) Date thereof 8/14/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milwaukee, Wis.

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

19. (a) AUG - 4 1941

(Date received local registrar)

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL") 199  
(d) Street No. 534 N. Vandeventer  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 2  
year 1941 hour 6.51 P. M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_ to \_\_\_\_\_ 19 \_\_\_\_\_

that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_

and that death occurred on the date and hour stated above.

Immediate cause of death Heat stroke Duration: \_\_\_\_\_  
Cirrhosis of liver.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) 53

Address [Signature] Date signed 8/14/41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No. ....

..... working under my personal supervision.

Signed.....

Licensed Embalmer No. ....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**